



PTO/SB/21 (09-06)

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Total Number of Pages in This Submission

38

Application Number	10/531,881-Conf. #5797
Filing Date	May 15, 2006
First Named Inventor	Hilmar Bischoff
Art Unit	1625
Examiner Name	N. Rahmani
Attorney Docket Number	LeA 36 036 [67002(54716)]

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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	<b>Remarks</b>	

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Bayer Pharmaceuticals Corporation		
Signature			
Printed name	William F. Gray, Esq.		
Date	March 19, 2007	Reg. No.	31,018

By:

Nicholas J. DiCeglie, Jr. (Reg. No.: 51,615)  
Attorney/Agent for the Applicants



MAR 19 2007

AMENDMENT TRANSMITTAL LETTER				Docket No. LeA 36 036 [67002(54716)]
Application No. 10/531,881-Conf. #5797	Filing Date May 15, 2006	Examiner N. Rahmani	Art Unit 1625	
Applicant(s): Hilmar Bischoff et al.				
Invention: 7H-DIBENZO[B,G][1,5]DIOXOCIN-5-ONE DERIVATIVES AND USE THEREOF				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	14	- 40 =		x
Independent Claims	10	- 10 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within second month				450.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				450.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 450.00 . A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 William F. Gray, Esq. Reg. No.: 31,018			Dated: March 19, 2007	
Bayer Pharmaceuticals Corporation 400 Morgan Lane West Haven, CT 06516-4175 (203) 812-2712 (203) 975-7505			 By: Nicholas J. DiGesclie, Jr. Attorney/Agent for the Applicants Reg. No. 51,615	



Application No. (if known): 10/531,881

Attorney Docket No.: LeA 36 036  
[67002(54716)]

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Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Amendment Transmittal (1 page)  
Amendment and Response (34 pages)  
Transmittal (1 page)  
Fee Transmittal Form  
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